Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report X 48-hour report New report Amends rep	oort filed on
Full Name of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAGE)	Date of Public Distribution/Dissemination
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (ARA NATCA PAC	
Mailing Address 1325 Massachusetts Ave. NW	09 04 2014 Amount
City State Zip Code	63.46
Washington DC 20005	Transaction ID : D535819 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
GARY PETERS Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)	09 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1325 Massachusetts Ave. NW	09 00 2014
1020 11000001000100101	Amount
City State Zip Code	63.46
Washington DC 20005	Transaction ID : D536393 Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
InKind Staff InKind Staff Outcome Ou	09 06 2014
Name of Federal Candidate Support	Office Sought: House District: 00
GARY PETERS Oppose	President X Senate State: MI
Calendar Year-To-Date	Disbursement For: Primary X General
Per Election for Office Sought	2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	126.92
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	··· >
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Dat	me 10 17 2014
Signature [Electronically Filea] Data	2014

Schedule E)	LIVI EXI EN	DITOTILO	PAGE 2 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New !	report Amends repor	t filed on
Full Name of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION	POLITICAL ACTION O	COMMITTEE (AKA NATCA PAC)	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1325 Massachusetts Ave. NW			Amount
City	State	Zip Code	63.46
Washington	DC	20005	Transaction ID : D536837 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	.,	10204.71	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee Mosaic			Date of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place			09 03 2014
Mailing Address 4801 Viewpoint Place			Amount
City	State	Zip Code	1800.00
Cheverly	MD	20781	Transaction ID : D535641 Date of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	09 / 03 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures		1863.46
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·
			7 7 1 7
(c) TOTAL Independent Expenditures			>
	ndidate or authori		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Elect	ronically Filed] Date	10 17 2014
Olynatul e			

Schedule E)			PAGE FOR S	3 OF 42 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFI	CATION NUMBER ▼
Workers' Voice			C C00484	1287
Check if 24-hour report X 48-hour report	New re	port Amends repo		D / Y = Y = Y
Full Name of Payee			Date of Public Distrib	oution/Dissemination
Mosaic			08 / 05	
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		900.00
Cheverly	MD	20781	Transaction ID : D53 Date of Disbursemen	
Purpose of Expenditure Fliers		Category/ Type 004	08 / 05	
Name of Federal Candidate		Support	Office Sought: House	se District: 00
GARY PETERS		Oppose	President X Sena	ate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	10204.71	Disbursement For: Pr 2014 Other (specify)	rimary X General
Full Name of Payee			Date of Public Distrib	oution/Dissemination
Mosaic			08 / 06	
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		22.50
Cheverly	MD	20781	Transaction ID : D534 Date of Disbursemen	
Purpose of Expenditure Fliers		Category/ Type 004	08 / 06	
Name of Federal Candidate		X Support	Office Sought: Hou	se District: 00
GARY PETERS		Oppose	President Sena	
Calendar Year-To-Date Per Election for Office Sought	7	10204.71	Disbursement For: Property Pro	rimary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		·	922.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·	
(c) TOTAL Independent Expenditures			·	7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize			
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 17 Y	2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	300.00
Cheverly MD 20781	Transaction ID : D534713 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
GARY PETERS Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	1800.00
Cheverly MD 20781	Transaction ID: D536382 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	09 / 05 / 2014
Name of Federal Candidate Support Office	e Sought: House District:00
GARY PETERS Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disbrace 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not mouth, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- Organical C	

NAME OF COMMITTEE (In Full)	SE OF FORM 24/48
	CATION NUMBER ▼
Workers' Voice C coo484	287
Check if 24-hour report X 48-hour report New report Amends report filed on	/
Full Name of Payee Voices of the American Federation of Government Employees Date of Public Distribution) / Y Y Y Y Y
Mailing Address 80 F Street, NW Amount	2014
City State Zip Code	23.97
Washington DC 20001 Transaction ID: D530 Date of Disbursement	
Purpose of Expenditure InKind Staff Category/ Type 001 09 09) / Y Y Y Y Y
Name of Federal Candidate Support Office Sought: Hous	se District: 00
GARY PETERS Oppose President Sena	ate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Pri 2014 □ Other (specify) ▶	imary X General
Full Name of Payee Date of Public Distrib	oution/Dissemination
Voices of the American Federation of Government Employees	
Mailing Address 80 F Street, NW Amount	
City State Zip Code	47.94
Washington DC 20001 Transaction ID : D536 Date of Disbursemen	
Purpose of Expenditure InKind Staff Category/ Type O01 O8	
Name of Federal Candidate Support Office Sought: House	se District: 00
GARY PETERS Oppose President Sena	ate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Pri 2014 □ Other (specify) ▶	imary X General
(a) SUBTOTAL of Itemized Independent Expenditures	71.91
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, con with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting er party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 17	2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
AFL-CIO	M M / D D / Y Y Y Y Y
Mailing Address 815 - 16th Street, NW	09 06 2014 Amount
City State Zip Code	22.38
Washington DC 20006	Transaction ID: D536448 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 06 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
GARY PETERS Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
Mailing Address 815 - 16th Street NW	09 08 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	15.22
Washington DC 20006	Transaction ID : D536731 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 / 08 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
GARY PETERS Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	37.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	• • •
24.0	0 17 2014
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
	09 09 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	17.91
Washington DC 20006	Transaction ID : D536849 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
GARY PETERS Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
AFL-CIO	09 / 05 / 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	15.22
Washington DC 20006	Transaction ID : D536437 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 05 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
GARY PETERS Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbu	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	33.13
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
	0 17 2014
Signature	

Schedule E)	IVI EXI EIVI	DITORLO	PAGE 8 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 05 7 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	2.69
Washington	DC	20006	Transaction ID : D536438 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	10204.71	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee AFL-CIO			Date of Public Distribution/Dissemination
			09 / D D / Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	272.36
Washington	DC	20006	Transaction ID : D535627 Date of Disbursement or Obligation
Purpose of Expenditure Placards		Category/ Type 004	09 / D1 / Y 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	10204.71	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		275.05
			7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authoriz		
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17 2014
olynature			

Sch	edule E)	EXI ENDI	TOTALO		PAGE 9 OF 42 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	orkers' Voice				C C00484287
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
	Full Name of Payee			Date	of Public Distribution/Dissemination
	AFL-CIO				08 / 29 / 2014
Iv	Mailing Address 815 - 16th Street, NW			Amou	unt
C	City	State	Zip Code		12.97
	Washington	DC	20006		saction ID : D535158 of Disbursement or Obligation
	Purpose of Expenditure Walk Packets		Category/ Type 004		08 / 29 / 2014
Ν	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	TERRI LYNN LAND		X Oppose	Presid	NAI
	Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursemen 2014	nt For: Primary X General Other (specify) ▶
	Full Name of Payee			Date	of Public Distribution/Dissemination
'	AFL-CIO				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 815 - 16th Street, NW			L	00 20 2017
	-			Amou	unt
	Dity	State	Zip Code		12.97
	Washington	DC	20006		saction ID : D535160 of Disbursement or Obligation
	Purpose of Expenditure Walk Packets		Category/ Type 004	$\Box \mid \Box$	08 / 29 / 2014
١	Name of Federal Candidate		X Support	Office Soug	ht: House District: 00
	GARY PETERS		Oppose	Presid	dent State: MI
	Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement 2014	ent For: Primary
(a)) SUBTOTAL of Itemized Independent Expenditures	j		·· •	25.94
(b)) SUBTOTAL of Unitemized Independent Expenditure	res		-	
(c)) TOTAL Independent Expenditures				7 1 7 1 7
wit	nder penalty of perjury I certify that the independen th, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized			
	Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	e 10	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

Schedule E)	101120	PAGE 10 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	ort Amends report fil	ed on Man / Dab / Yayayay
Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination
		09 04 Y Y Y Y Y
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	8.96
Washington DC	20006	Transaction ID : D535804
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		
GARY PETERS		fice Sought: House District: 00
	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	10204.71 Dis	sbursement For: Primary
Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination
AFL-GIO		08 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	2.70
Washington DC	20006	Transaction ID : D534297 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	08 25 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	11.66
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electroni	cally Filed] Date	10 17 2014
Signature		

Schedule E)	a Liveriones		PAGE 11 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New report Ame	ends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee AFL-CIO			of Public Distribution/Dissemination
Mailing Address 815 - 16th Street, NW		Amo	08 25 2014 unt
City State	e Zip Code		2.70
Washington	•		saction ID : D534299 of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type	004	08 / 25 / 2014
Name of Federal Candidate	s	upport Office Soug	ht: House District: 00
TERRI LYNN LAND	X	ppose Presid	
Calendar Year-To-Date Per Election for Office Sought	10204.71	Disburseme 2014	nt For:
Full Name of Payee		Date	of Public Distribution/Dissemination
AFL-CIO			08 26 2014
Mailing Address 815 - 16th Street, NW		Amo	
City State	e Zip Code		1.80
Washington DC	·		action ID : D534737 of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type	004	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Xs	Support Office Soug	ht: House District: 00
GARY PETERS		Oppose Presid	dent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	10204.71	Disburseme 2014	ont For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		······	4.50
(b) SUBTOTAL of Unitemized Independent Expenditures			7 1 7 1 7 1
(c) TOTAL Independent Expenditures		············	7 1 7 1 7
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee o		
Ms. Elizabeth H Shuler	[Electronically Filed]	Date 10	17 2014
Signature			

Schedule E)	ADENT EXPEND	JITONES	PAGE 12 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	ort New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	1.80
Washington	DC	20006	Transaction ID : D534738 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	1.79
Washington	DC	20006	Transaction ID : D534943 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	08 / 27 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, ,	10204.71	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		3.59
(,)			7 7
(b) SUBTOTAL of Unitemized Independent E	Expenditures		•
(c) TOTAL Independent Expenditures			·
	candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17 2014
•			

Schedule E)	IVI EXI EIVI	DITONES	PAGE 13 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			08 / 27 / 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	1.79
Washington	DC	20006	Transaction ID : D534945 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	08 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , , ,	10204.71	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			08 / 23 / 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	8.95
Washington	DC	20006	Transaction ID : D534303 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	08 / 23 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, ,	10204.71	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		. ▶ 10.74
(b) SUBTOTAL of Unitemized Independent Expen	ditures		
(4, 552.55.12.55.55.12.55			75 75 75
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authoriz		
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17 2014
Signature			

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
		O MANAGE
Check if 24-hour report X 48-hour report New report	t Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee AFL-CIO	1	Date of Public Distribution/Dissemination
		08 23 2014
Mailing Address 815 - 16th Street, NW		Amount
City State Z	ip Code	8.95
		Fransaction ID : D534306 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	08 / 23 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
TERRI LYNN LAND		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disburs 2014	ement For:
Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination
Mailing Address 815 - 16th Street NW		08 24 2014
Mailing Address 815 - 16th Street, NW		Amount
City State Z	Zip Code	1.79
		ransaction ID : D534296 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	08 / 24 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
TERRI LYNN LAND	X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	10204.71 Disburs 2014	rement For:
(a) SUBTOTAL of Itemized Independent Expenditures	. [10.74
(a) SOBTOTAL OF HOMEZON HOOPOHAON EXPONENTIAL COMMISSION COMMISSIO		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	· [
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		• • • • • • • • • • • • • • • • • • • •
Ms. Elizabeth H Shuler [Electronica	ally Filed] Date 10	17 2014
Signature		

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
		O MANAGE
Check if 24-hour report X 48-hour report New report	rt Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination
		08 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW		Amount
City State Z	Zip Code	1.79
	20006	Transaction ID : D534308 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	0204.71 Disbut 2014	rsement For: Primary X General Other (specify) ▶
Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination
Mailing Address 815 - 16th Street NW		09 02 2014
Mailing Address 815 - 16th Street, NW		Amount
City State Z	Zip Code	2.91
	20006	Transaction ID : D535654 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
GARY PETERS	Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought	10204.71 Disbu 2014	rrsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		4.70
(a) 662.67.12 67 Norm252 Missippinion		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.	•	·
Ms. Elizabeth H Shuler [Electronica	rally Filed] Date 10	0 17 2014
Signature		

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
		O
Check if 24-hour report X 48-hour report New report	ort Amends report filed	d on M M / D D / Y Y Y Y Y
Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination
		09 02 / 2014
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	2.91
Washington DC	20006	Transaction ID : D535658 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	09 / 02 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
TERRI LYNN LAND	X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	10204.71 Disb 2014	oursement For:
Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination
Mailing Address 815 - 16th Street NW		09 03 2014
Mailing Address 815 - 16th Street, NW		Amount
City State	Zip Code	8.06
Washington DC	20006	Transaction ID : D535667 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets	Category/ Type 004	09 / 03 / 2014
Name of Federal Candidate	X Support Office	ce Sought: House District: 00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	10204.71 Dist 201	oursement For: Primary General Other (specify)
() CUPTOTAL of Harriand Indonesidant Evaporditures		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	10.97
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
	ically Filed] Date	10 17 2014
Signature	_	

Schedule E)	. Or more rivor.	TI EXI EITE	II OILO		PAGE 17 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In	Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice					C C00484287
Check if 24-hour report	X 48-hour report	New rep	port Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee AFT Solidarity 5	27				of Public Distribution/Dissemination
Mailing Address 555 Ne	ew Jersey Ave. N.W.			Amou	08 29 2014 nt
C:h		Otata	7:n Onda		50.45
City Washington		State DC	Zip Code 20001		56.15 action ID : D535151 of Disbursement or Obligation
Purpose of Expenditure InKind Staff			Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candid	date		Support	Office Sough	t: House District:00
GARY PETERS			Oppose	Preside	ent Senate State: MI
Calendar Year-To-D Per Election for Off	****	7 7	10204.71	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee AFT Solidarity 52 Mailing Address 555	7 New Jersey Ave. N.W.				of Public Distribution/Dissemination 08 / 29 / 2014
City		State	Zip Code	— I.	56.15
Washington		DC	20001		oction ID: D535153 of Disbursement or Obligation
Purpose of Expenditure InKind Staff			Category/ Type 001		08 / 29 / 2014
Name of Federal Candid	date		Support	Office Sough	nt: House District:00
TERRI LYNN LAND			X Oppose	Presid	
Calendar Year-To-D Per Election for Of		7	10204.71	Disbursemer 2014 C	ot For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemiz	ed Independent Expenditu	ıres		•	112.30
(b) SUBTOTAL of Uniter	nized Independent Expend	ditures		· •	
(c) TOTAL Independent	Expenditures			•	7 7 7
with, or at the request or		date or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Elizabeth	H Shuler	[Electron	nically Filed] Date	e 10	17 2014
Signature					

Schedule E)	I EXI END	ITOTILO		PAGE 18 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
AFT Solidarity 527			09	02 / 2014
Mailing Address 555 New Jersey Ave. N.W.			Amount	
City	State	Zip Code		50.65
Washington	DC	20001		ID: D535672 pursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	02 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose		Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	10204.71	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
AFT Solidarity 527			09 09	02 / 2014
Mailing Address 555 New Jersey Ave. N.W.			Amount	
City	State	Zip Code		50.65
Washington	DC	20001	Transaction Date of Disk	ID: D535673 oursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 ^M	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	10204.71	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	S			101.30
				7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 17	2014
Signature				

Schedule E)	JENT EXPEN	DITORLS	PAGE 19 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee AFT Solidarity 527			Date of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.			09 04 2014 Amount
			Allount
City Washington	State DC	Zip Code 20001	30.10 Transaction ID : D535801
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFT Solidarity 527			09 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 555 New Jersey Ave. N.W.			Amount
City	State	Zip Code	20.55
Washington Purpose of Expenditure	DC	20001	Transaction ID : D536425 Date of Disbursement or Obligation
InKind Staff		Category/ Type 001	09 / 05 / Y 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures		▶ 50.65
(b) CURTOTAL of the box and be decreased as the	and Phone		
(b) SUBTOTAL of Unitermized Independent Exp	penditures		
(c) TOTAL Independent Expenditures			. •
	andidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	e 10 / 17 / 2014

S	chedule E)	DEFENDENT EXPEND	ITORLS		PAGE 20 OF 42 FOR SE OF FORM 24/48
V/	AME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
۷	Vorkers' Voice			C	C00484287
Ch	neck if 24-hour report X 48-	hour report New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
_	Full Name of Payee			Date of Publi	c Distribution/Dissemination
	AFT Solidarity 527			09	09 / 2014
	Mailing Address 555 New Jersey A	ve. N.W.		Amount	
	City	State	Zip Code		82.20
	Washington	DC	20001	Transaction Date of Disbu	
	Purpose of Expenditure InKind Staff		Category/ Type 001	09 -	09 / 2014
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	GARY PETERS		Oppose	President	Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: 2014 Other (sp	Primary
	Full Name of Payee			Date of Publi	c Distribution/Dissemination
	AFT Solidarity 527			09	08 2014
	Mailing Address 555 New Jersey	Ave. N.W.		Amount	
	City	State	Zip Code		41.10
	Washington	DC	20001	Transaction II Date of Disb	D: D536728 ursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001	09	08 2014
	Name of Federal Candidate		X Support	Office Sought:	House District: 00
	GARY PETERS		Oppose	President	Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	7	10204.71	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
	(a) SUBTOTAL of Itemized Indepen	dent Expenditures		· •	123.30
	(b) SUBTOTAL of Unitemized Indep	endent Expenditures		>	7
	(c) TOTAL Independent Expenditure	ıs		>	
	Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party of	of, any candidate or authorized			
	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	e 10 17	/ Y Y Y Y Y 2014
	Signature		Date	, 10 17	2017

Schedule E)	AI ENDITORIES	PAGE 21 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report	New report Amends report fil	led on M M / D D / Y Y Y Y Y Y
Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.		09 06 2014 Amount
City Sta	te Zip Code	164.40
Washington	·	Transaction ID : D536431 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 06 7 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	10204.71 Dis	sbursement For: Primary
Full Name of Payee UFCW Int'l Union Working Families Advoc Mailing Address 1775 K Street, NW	cacy Project	Date of Public Distribution/Dissemination 09 06 2014 Amount
City	te Zip Code	117.40
Washington D	C 20006-1598	Transaction ID : D536420 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / D 06 / Y Y Y Y Y
Name of Federal Candidate	X Support Of	ffice Sought: House District: 00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	281.80
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of eit	
Ms. Elizabeth H Shuler	[Electronically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

Schedule E)	NOENT EXILINE	71101120	PAGE 22 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour rep	ort New re	port Amends repo	rt filed on
Full Name of Payee UFCW Int'l Union Working Fa	milies Advocacy	Project	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			09 08 2014 Amount
City	State	Zip Code	330.89
Washington	DC	20006-1598	Transaction ID : D536726 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09
Name of Federal Candidate		Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	,	10204.71	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee UFCW Int'l Union Working Fam	ilies Advocacy Pr	oject	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			09 09 2014 Amount
City	State	Zip Code	242.99
Washington	DC	20006-1598	Transaction ID : D536868 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D D D D D D D D D D D D D D D D D
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures		573.88
(b) SUBTOTAL of Unitemized Independent	Expenditures		
(c) TOTAL Independent Expenditures			•
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)		71101120	PAGE 23 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour re	port New rep	port Amends repo	rt filed on
Full Name of Payee UFCW Int'l Union Working Fa	amilies Advocacy	Project	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 09 05 2014
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	103.16
Washington	DC	20006-1598	Transaction ID : D536415 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09
Name of Federal Candidate		Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7 7	10204.71	Disbursement For:
Full Name of Payee UFCW Int'l Union Working Fam	nilies Advocacy Pr	oject	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			09 05 2014 Amount
City	State	Zip Code	27.24
Washington	DC	20006-1598	Transaction ID : D536419 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Ex	kpenditures		130.40
(b) SUBTOTAL of Unitemized Independent	Expenditures		•
(c) TOTAL Independent Expenditures			•
	y candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro.	nically Filed] Date	10 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	NOCITI EXI END	7101120	PAGE 24 OF 42 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Workers' Voice			C C00484287	
Check if 24-hour report X 48-hour rep	port New re	port Amends repo	rt filed on	
Full Name of Payee UFCW Int'l Union Working Fa	milies Advocacy	[,] Project	Date of Public Distribution/Dissemination	
Mailing Address 1775 K Street, NW			09 04 2014 Amount	
City	State	Zip Code	22.23	
Washington	DC	20006-1598	Transaction ID : D535799 Date of Disbursement or Obligation	
Purpose of Expenditure InKind Staff		Category/ Type 001	09 04 7 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
GARY PETERS		Oppose	President Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought	7 7	10204.71	Disbursement For:	
Full Name of Payee UFCW Int'l Union Working Families Advocacy Project Date of Public Distribution/Dissemination				
Mailing Address 1775 K Street, NW			09 02 2014 Amount	
City	State	Zip Code	80.93	
Washington	DC	20006-1598	Transaction ID : D535676 Date of Disbursement or Obligation	
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 02 / 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
TERRI LYNN LAND		Oppose	President Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: Primary General 2014 General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Ex	penditures		103.16	
(b) SUBTOTAL of Unitemized Independent	Expenditures		>	
(c) TOTAL Independent Expenditures			>	
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political	
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

Scł	hedule E)	LIVE			PAGE 25 OF 42 FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
VV	orkers' Voice				C C00484287		
Che	eck if 24-hour report X 48-hour report	New repo	oort Amends repo	ort filed or	n		
T	Full Name of Payee UFCW Int'l Union Working Families Advo	ocacy	Project	С	Date of Public Distribution/Dissemination		
	Mailing Address 1775 K Street, NW			Δ	09 02 2014 Amount		
-	City State		Zip Code		80.93		
	Washington DC		20006-1598		Fransaction ID : D535677 Date of Disbursement or Obligation		
	Purpose of Expenditure InKind Staff		Category/ Type 001		09 02 7 2014		
	Name of Federal Candidate		Support Support	Office S	Sought: House District: 00		
	GARY PETERS		Oppose		resident Senate State: MI		
	Calendar Year-To-Date Per Election for Office Sought		10204.71	Disburse 2014	ement For: Primary		
-	Mailing Address 1775 K Street, NW	cy Pro	oject 		09 / 03 / 2014 Amount		
ŀ	City State		Zip Code		54.48		
	Washington DC		20006-1598		ransaction ID : D535675 Date of Disbursement or Obligation		
	Purpose of Expenditure InKind Staff		Category/ Type 001		09 / 03 / 2014		
Ì	Name of Federal Candidate		X Support	Office S	Sought: House District: 00		
	GARY PETERS		Oppose	P	President Senate State: MI		
	Calendar Year-To-Date Per Election for Office Sought		10204.71	Disburse 2014	ement For: Primary General Other (specify)		
(8	a) SUBTOTAL of Itemized Independent Expenditures			•	135.41		
(l	(b) SUBTOTAL of Unitemized Independent Expenditures						
(0	(c) TOTAL Independent Expenditures						
W	Under penalty of perjury I certify that the independent expevith, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent.						
	Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	M = M 10	17 2014		
	Signature						

Schedule E)		71101120	PAGE 26 OF 42 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Workers' Voice			C C00484287			
Check if 24-hour report X 48-hour re	port New re	port Amends repo	rt filed on			
Full Name of Payee UFCW Int'l Union Working Fa	amilies Advocacy	[,] Project	Date of Public Distribution/Dissemination			
Mailing Address 1775 K Street, NW			08 29 2014 Amount			
City	State	Zip Code	155.42			
Washington	DC	20006-1598	Transaction ID : D535148 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
GARY PETERS		Oppose	President Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For:			
Full Name of Payee UFCW Int'l Union Working Fan	Date of Public Distribution/Dissemination					
Mailing Address 1775 K Street, NW			08 29 2014 Amount			
City	State	Zip Code	155.42			
Washington	DC	20006-1598	Transaction ID : D535150 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff		Category/ Type 001	08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
TERRI LYNN LAND		X Oppose	President State: MI			
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
	y candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

Schedule E)	JENT EXI EN	DITOTILO	PAGE 27 OF 42 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Workers' Voice			C C00484287			
Check if 24-hour report X 48-hour report	t New r	eport Amends repo	rt filed on			
Full Name of Payee UFCW Int'l Union Working Fam	ilies Advocac	y Project	Date of Public Distribution/Dissemination			
Mailing Address 1775 K Street, NW			08 28 2014 Amount			
City	State	Zip Code	72.03			
Washington	DC	20006-1598	Transaction ID : D535038 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
GARY PETERS		Oppose	President Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: Primary General 2014 Other (specify) ▶			
Full Name of Payee UFCW Int'l Union Working Familie	es Advocacy P	roject	Date of Public Distribution/Dissemination			
Mailing Address 1775 K Street, NW			08 28 2014 Amount			
City	State	Zip Code	72.03			
Washington	DC	20006-1598	Transaction ID : D535039 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff		Category/ Type 001	08 / 28 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
TERRI LYNN LAND		Oppose	President Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: Primary			
(a) SUBTOTAL of Itemized Independent Exper	nditures		144.06			
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
	andidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Elizabeth H Shuler Signature	[Electr	conically Filed] Date	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

Schedule E)	PAGE 28 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	DIDENTIFICATION NUMBER ▼
Workers' Voice	C00484287
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
UFCW Int'l Union Working Families Advocacy Project	
Mailing Address 1775 K Street, NW Amount	24 2014
City State Zip Code	27.24
	on ID : D534319
Purpose of Expenditure InKind Staff Category/ Type 001 08	sbursement or Obligation / 24 2014
Name of Federal Candidate Support Office Sought:	House District: 00
TERRI LYNN LAND President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	r: Primary X General (specify) ▶
	ublic Distribution/Dissemination
UFCW Int'l Union Working Families Advocacy Project	/ D D / Y Y Y Y Y Y Y 2014
Mailing Address 1775 K Street, NW Amount	
City State Zip Code	27.24
17d51m1gt611	n ID : D534320 isbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001 08	
Name of Federal Candidate Support Office Sought:	House District: 00
GARY PETERS Oppose President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	54.48
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler	
[Electronically Filed] Date 10 1	7 2014

Schedule E)		71101120	PAGE 29 OF 42 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Workers' Voice			C C00484287			
Check if 24-hour report X 48-hour re	port New re	port Amends repo	rt filed on			
Full Name of Payee UFCW Int'l Union Working Fa	amilies Advocacy	Project	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1775 K Street, NW			Amount			
City	State	Zip Code	103.16			
Washington	DC	20006-1598	Transaction ID : D534314 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
GARY PETERS		Oppose	President Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For:			
Full Name of Payee UFCW Int'l Union Working Fam	nilies Advocacy Pr	oject	Date of Public Distribution/Dissemination			
Mailing Address 1775 K Street, NW	-		Mount 23 2014			
City	State	Zip Code	103.16			
Washington	DC	20006-1598	Transaction ID : D534322 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
TERRI LYNN LAND		X Oppose	President Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: Primary			
(a) SUBTOTAL of Itemized Independent Ex	penditures		206.32			
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
	y candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

Schedule E)	ADEITI EXI EIT	SITORES	PAGE 30 OF 42 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Workers' Voice			C C00484287			
Check if 24-hour report X 48-hour rep	ort New re	eport Amends repo	rt filed on			
Full Name of Payee UFCW Int'l Union Working Fa	milies Advocac	y Project	Date of Public Distribution/Dissemination			
Mailing Address 1775 K Street, NW			08 27 2014 Amount			
City	State	Zip Code	171.15			
Washington	DC	20006-1598	Transaction ID : D534950 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
TERRI LYNN LAND		X Oppose	President Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought	,	10204.71	Disbursement For: Primary General 2014 Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
UFCW Int'l Union Working Fami	lies Advocacy P	roject	08 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1775 K Street, NW			Amount			
City	State	Zip Code	171.15			
Washington	DC	20006-1598	Transaction ID : D534951 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff		Category/ Type 001	08 / 27 / 2014			
Name of Federal Candidate		X Support	Office Sought: House District: 00			
GARY PETERS		Oppose	President Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: Primary General General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

Sc	chedule E)	_,,,			PAGE 31 OF 42 FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
W	/orkers' Voice				C C00484287		
Che	eck if 24-hour report X 48-hour report Ne	ew rep	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y		
T	Full Name of Payee UFCW Int'l Union Working Families Advoc	 cacy	Project		Date of Public Distribution/Dissemination		
-	Mailing Address 1775 K Street, NW				08 26 2014 Amount		
ŀ	City State		Zip Code		186.88		
	Washington DC		20006-1598		Transaction ID : D534743 Date of Disbursement or Obligation		
	Purpose of Expenditure InKind Staff		Category/ Type 001		08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
ı	Name of Federal Candidate		Support	Office	Sought: House District: 00		
	TERRI LYNN LAND		X Oppose		President X Senate State: MI		
	Calendar Year-To-Date Per Election for Office Sought		10204.71	Disburs 2014	sement For: Primary General Other (specify) ▶		
	Full Name of Payee UFCW Int'l Union Working Families Advocacy Mailing Address 1775 K Street, NW	y Pro	pject		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Amount		
ŀ	City State		Zip Code		186.88		
	Washington DC		20006-1598		ransaction ID : D534744 Date of Disbursement or Obligation		
	Purpose of Expenditure InKind Staff		Category/ Type 001		08 / 26 / 2014		
Ī	Name of Federal Candidate		Support	Office	Sought: House District: 00		
	GARY PETERS		Oppose		President Senate State: MI		
	Calendar Year-To-Date Per Election for Office Sought		10204.71	Disburs 2014	sement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures							
((b) SUBTOTAL of Unitemized Independent Expenditures						
((c) TOTAL Independent Expenditures						
٧	Under penalty of perjury I certify that the independent expending with, or at the request or suggestion of, any candidate or authoraty committee) any political party committee or its agent.						
	Ms. Elizabeth H Shuler [El	lectron	nically Filed] Date	M 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature						

Schedu	ile E)	T EXI END			PAGE 32 OF 42 FOR SE OF FORM 24/48	
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Worke	ers' Voice				C C00484287	
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y	
	lame of Payee CW Int'l Union Working Families	Advocacy	Project		of Public Distribution/Dissemination	
Mailin	ng Address 1775 K Street, NW			Amou	08 25 2014 nt	
City		State	Zip Code	— I	155.42	
	hington	DC	20006-1598		action ID : D534316 of Disbursement or Obligation	
	ose of Expenditure ad Staff		Category/ Type 001		08 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name	e of Federal Candidate		Support	Office Sough	t: House District: 00	
TER	RI LYNN LAND		X Oppose	Preside	ent State: MI	
	Calendar Year-To-Date Per Election for Office Sought	7	10204.71	Disbursement 2014 O	t For:	
UF	Name of Payee CW Int'l Union Working Families A ng Address 1775 K Street, NW	dvocacy Pro	nject		of Public Distribution/Dissemination 08	
City		State	Zip Code	— I.	155.42	
	hington	DC	20006-1598		ction ID : D534318 of Disbursement or Obligation	
	ose of Expenditure nd Staff		Category/ Type 001	M	08 / 25 / Y Y Y Y Y Y	
Name	e of Federal Candidate		X Support	Office Sough	t: House District: 00	
GAR	Y PETERS		Oppose	Preside	ent Senate State: MI	
	Calendar Year-To-Date Per Election for Office Sought	7 7	10204.71	Disbursemen 2014 O	t For:	
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
with, o	penalty of perjury I certify that the independer at the request or suggestion of, any candidatement the committee) any political party committee or its	ate or authorized				
	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	10	17 2014	
Sigi	nature					

Schedule E)	DEINT EXITER	DITORLO	<u> </u>	PAGE 33 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Workers' Voice	C c	00484287		
Check if 24-hour report X 48-hour repor	t New re	eport Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee Michigan State AFL-CIO Gener	al Fund			Distribution/Dissemination
Mailing Address 419 Washington Square, S. #			08	02 / 2014
3 3.			Amount	
City	State	Zip Code	1 1 1	5.00
Lansing	MI	48933	Transaction ID Date of Disburs	: D533241 sement or Obligation
Purpose of Expenditure Reimburse Flier Printing Costs		Category/ Type 004	M M / 08	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President X	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , , ,	10204.71	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Michigan State AFL-CIO General	Fund		09	09 / 2014
Mailing Address 419 Washington Square, S	. #200		Amount	
City	State	Zip Code		40.21
Lansing	MI	48933	Transaction ID : Date of Disburs	D536873 sement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09 /	09 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President X	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	10204.71	Disbursement For: 2014 Other (spec	Primary
(a) CURTOTAL of Housined Independent Fund				45.04
(a) SUBTOTAL of Itemized Independent Exper	naitures		-	45.21
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	7 7
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authoriz			
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17	2014
Signature				

Schedule E)	-XI LIVDI	TONES		PAGE 34 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	≺ New repo	ort Amends rep	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee AFT Michigan General Fund				Date of Public Distribution/Dissemination
				09 / 09 / 2014
Mailing Address 2342 Industrial St.				Amount
City Sta	ate	Zip Code		108.20
Grayling N	MI	49738		Transaction ID : D536874 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		09 09 / 2014
Name of Federal Candidate		Support	Office	Sought: House District:00
GARY PETERS		Oppose		President State: MI
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbur 2014	sement For: Primary
Full Name of Payee				Date of Public Distribution/Dissemination
AFT Michigan General Fund				09 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2342 Industrial St.				Amount
City Sta	ate	Zip Code		108.20
Grayling M	MI	49738	-	Transaction ID : D535796 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office	Sought: House District:00
GARY PETERS		Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbui 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			🔊	216.40
(b) SUBTOTAL of Unitemized Independent Expenditures	······		··· •	
(c) TOTAL Independent Expenditures			··· •	
Under penalty of perjury I certify that the independent ewith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized			
Ms. Elizabeth H Shuler Signature	[Electroni	ically Filed] Dat	e 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9				

Schedule E)	II EXPEND	ATONES		PAGE 35 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on	D = D / Y = Y = Y = Y
Full Name of Payee AFT Michigan General Fund			Date of Public	Distribution/Dissemination
Mailing Address 2342 Industrial St.				03 / 2014
			Amount	
City	State	Zip Code		108.20
Grayling	MI	49738	Transaction I Date of Disbu	D: D535684 rsement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	03 / Y Y Y Y Y Y 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
GARY PETERS		Oppose	President >	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	10204.71	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
AFT Michigan General Fund			08	23 / 2014
Mailing Address 2342 Industrial St.			Amount	
City	State	Zip Code		108.20
Grayling	MI	49738	Transaction ID Date of Disbu	D: D534331 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	08 /	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
TERRI LYNN LAND		X Oppose	President >	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	77	10204.71	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) CURTOTAL of Hamized Independent Evpanditus				246.40
(a) SUBTOTAL of Itemized Independent Expenditure	es		-	216.40
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures			. >	1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 / 17	2014
-				

Schedule E)	OnLo	PAGE 36 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report	Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee AFT Michigan General Fund		Date of Public Distribution/Dissemination
Mailing Address 2342 Industrial St.		08 23 2014 Amount
		Amount
	p Code 9738	108.20 Transaction ID : D534332
	9736	Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
GARY PETERS	Oppose	President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbu 204.71 2014	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Retail, Wholesale and Department Store Union International	al Treasury Account	09
Mailing Address 30 E29th St.		Amount
City State Z	ip Code	64.32
	0016	Transaction ID : D536721 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 08 2014
Name of Federal Candidate	X Support Office	e Sought: House District: 00
GARY PETERS	Oppose	President State: MI Senate
Calendar Year-To-Date Per Election for Office Sought	10204.71 Disb 2014	ursement For: Primary X General Other (specify) ▶
	<u>'</u>	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	172.52
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronica] Signature	lly Filed] Date 1	0 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	PAGE 37 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends re	eport filed on
Full Name of Payee Retail, Wholesale and Department Store Union International Treasury Acco	M M / D D / Y Y Y
Mailing Address 30 E29th St.	09 09 2014 Amount
City State Zip Code	42.77
New York NY 10016	Transaction ID : D536876 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 00	01 09 09 7 2014
Name of Federal Candidate Support	Office Sought: House District: 00
GARY PETERS Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Retail, Wholesale and Department Store Union International Treasury Acc	Date of Public Distribution/Dissemination 09 06 2014
Mailing Address 30 E29th St.	Amount
City State Zip Code	64.32
New York NY 10016	Transaction ID : D536404 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type OC	01 09 / 06 / 2014
Name of Federal Candidate Support	t Office Sought: House District: 00
GARY PETERS Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	107.09
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Signature	nate 10 17 7 2014

Schedule E)	ENT EXILITE	71101120		PAGE 38 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Retail, Wholesale and Department Store	e Union Internation	nal Treasury Accour	nt M M M	lic Distribution/Dissemination
Mailing Address 30 E29th St.			Amount	05 2014
City	State	Zip Code		64.32
New York	NY	10016		ID: D536401 pursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: 2014 Other (s	Primary
Retail, Wholesale and Department Stor Mailing Address 30 E29th St.			Amount	28 / 2014
City	State	Zip Code		64.32
New York	NY	10016		ID: D535030 bursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	08	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	128.64
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	4
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Elizabeth H Shuler	[Electro	nically Filed] Date	10 / 17	2014
Signature				

Schedule E)		DITORILO	PAGE 39 FOR SE O	OF 42 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATI	ON NUMBER ▼
Workers' Voice			C C00484287	
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	t filed on/	Y
Full Name of Payee Retail, Wholesale and Department Store	Union Internati	onal Treasury Accour	Date of Public Distribution	/Dissemination
Mailing Address 30 E29th St.			Amount	2014
City	State	Zip Code		64.32
New York	NY	10016	Transaction ID : D535031 Date of Disbursement or	
Purpose of Expenditure InKind Staff		Category/ Type 001	M M / D D D / 28	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
GARY PETERS		Oppose	President Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought		10204.71	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	y X General
Full Name of Payee Retail, Wholesale and Department Store	Union Interna	tional Treasury Accou	Date of Public Distribution Op 09 03	n/Dissemination
Mailing Address 30 E29th St.			Amount	.20.1
City	State	Zip Code		64.32
New York	NY	10016	Transaction ID : D535689 Date of Disbursement or	Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 03	2014
Name of Federal Candidate		X Support	Office Sought: House	District:00
GARY PETERS		Oppose	President Senate	State: MI
Calendar Year-To-Date Per Election for Office Sought	7	10204.71	Disbursement For: Primar 2014 Other (specify) ▶	y X General
(a) SUBTOTAL of Itemized Independent Expend	itures		•	128.64
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>	
			4	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authoriz			
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	10 17 20	14
olynature				

	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Workers' Voice	C C00484287	
Check if 24-hour report 48-hour report New report Amends report f	iled on Mam / Dad / Yayayay	
Full Name of Payee	Date of Public Distribution/Dissemination	
Retail, Wholesale and Department Store Union International Treasury Account	09	
Mailing Address 30 E29th St.	Amount	
City State Zip Code	64.32	
New York NY 10016	Transaction ID : D535795 Date of Disbursement or Obligation	
Purpose of Expenditure InKind Staff Category/ Type 001	09	
Name of Federal Candidate Support O	ffice Sought: House District: 00	
GARY PETERS Oppose	President State: MI	
Odichadi Ical lo Dalc	isbursement For: Primary ⊠ General Other (specify) ▶	
Full Name of Payee Retail, Wholesale and Department Store Union International Treasury Account	Date of Public Distribution/Dissemination	
	09 02 7 2014	
Mailing Address 30 E29th St.	Amount	
City State Zip Code	64.32	
New York NY 10016	Transaction ID : D535687 Date of Disbursement or Obligation	
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 02 / 2014	
Name of Federal Candidate Support C	office Sought: House District: 00	
GARY PETERS Oppose	President Senate State: MI	
	isbursement For: Primary General O14 Gther (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	128.64	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Filed] Date	10 17 2014	
Signature		

PAGE

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OF

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Schedule E)	PAGE 41 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report	filed on fil
Full Name of Payee Retail, Wholesale and Department Store Union International Treasury Account	M M M / D D / Y Y Y Y
Mailing Address 30 E29th St.	09 02 2014 Amount
City State Zip Code	64.32
New York NY 10016	Transaction ID : D535688 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
TERRI LYNN LAND Oppose	President Senate State: MI
Galoridai Todi To Bato	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Retail, Wholesale and Department Store Union International Treasury Account Mailing Address 30 E29th St.	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Amount Amount
City State Zip Code	64.32
New York NY 10016	Transaction ID : D535145 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
TERRI LYNN LAND Oppose	President Senate State: MI
	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	128.64
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were nowith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	10 17 2014
Signature	

Schedule E)	PAGE 42 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Retail, Wholesale and Department Store Union International Treasury Account	Public Distribution/Dissemination
Mailing Address 30 E29th St. Amount	08 29 2014 t
City. Chate 7in Code	04.20
	64.32 ction ID: D535146 Disbursement or Obligation
Purpose of Expenditure Category/	08 / 29 / 2014
Name of Federal Candidate X Support Office Sought:	House District: 00
GARY PETERS Oppose Presiden	NAI NAI
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For:
	f Public Distribution/Dissemination
Mailing Address Amount	
City State Zip Code	7 7 8
Purpose of Expenditure Category/ Type Date of	f Disbursement or Obligation
Name of Federal Candidate Support Office Sought: Oppose Presider	
Calendar Year-To-Date Disbursement Per Election for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	64.32
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	10204.71
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	17 / 2014